MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore Dr. Bowm.

~~Bishop~~ 10393

CERTIFICATE OF DEATH (48)

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Parsonsburg Md R.F.D. #1
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Parsonsburgh Md R.F.D. #1
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Parsonsburgh Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Parsonsburgh Md. R.F.D. #1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha Elizabeth Adkins

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife George W. Adkins
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Nov. 23. 1864
8. AGE: Years 74 Months 10 Days 22 If less than one day ____ hrs. ____ min.
9. Birthplace Near Parsonsburgh Md. (Town, county, and state)
10. Usual occupation House Work
11. Industry or business At Home
FATHER 12. Name Joshua Phillips
13. Birthplace Near Parsonsburgh Md.
MOTHER 14. Maiden name Frances Bailey
15. Birthplace Near Parsonsburgh Md.
16. Informant G. Virgil Adkins
Address Camden Av. Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 17. 1939 (month) (day) (year)
Cemetery or crematory Forest Grove Church Cem.
Location Near Parsonsburgh Md.
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19. 10/17, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 1939 2:05 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1935, to Oct 15 1939 and that I last saw her alive on Oct 15 1939.
Immediate cause of death Carcinoma Uterus
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION Since 1935

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles F. Brown M.D. M. D. or other
Address Salisbury Md Date signed 10/16/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
FEDERAL U.S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10394

(131)

1. PLACE OF DEATH

County Wicomico — Registration Dist. No. 333

Village or City Salisbury Md — No. Peninsula General Hospital — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Bailey — If U. S. Veteran, specify WAR no

(a) Residence: No 207 Billett Alley — Salisbury Wards, Md

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	A. A	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Emeline Bailey

6. DATE OF BIRTH (month, day, and year): about 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: na

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Invalid

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Pocomoke md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Rosa Purnell Salisbury Md

18. BURIAL, CREMATION, OR REMOVAL — Place: Public Cem. — Date: Oct 16, 1939 — Salisbury Md

19. UNDERTAKER (Address): James H Stewart, Salisbury Md

20. FILED 10/16, 1939 — Harriet E Johnson, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10-14 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 10-5-, 1939, to 10-14, 1939

I last saw him alive on 10-14, 1939; death is said to have occurred on the date stated above, at 4:20 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertrophy prostate	
Chronic Nephritis	

Other Contributory Causes of Importance: Senescence

Name of operation: None — Date of:

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas L Dashiell M. D.

(Address) Salisbury, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-E)

CERTIFICATE OF DEATH

10395

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Anne Arundel

City or town Baltimore Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Gen. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days) 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Ann. Arundel

City or town Annapolis Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 50 Franklin St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Clarence Malon Bamford

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bertha Rudy Bamford

6(c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) April 22 1897

8. AGE: Years	Months	Days	If less than one day
51	11	24	____hrs. ____min.

9. Birthplace Fairmont W. Va. (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Plumbing

FATHER 12. Name Geo. M. Bamford

13. Birthplace Md.

MOTHER 14. Maiden name Priscilla Revell

15. Birthplace Md.

16. Informant Mrs Bertha R Bamford

Address 50 Franklin St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/25/39 (month) (day) (year)

Cemetery or crematory Moravian Cem.

Location Lititz Pa.

18. Funeral director J Drew McCully.

Address 128 E. Fort Ave. Balto Md

19. 10/23/39 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1939, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 21 1939, to Oct 22 1939 and that I last saw h— alive on Oct 22 1939.

Immediate cause of death	DURATION
Coronary Thrombosis	Hrs
Due to	
Primary cause of the intestinal obstruction	
Due to Paralytic ileus	
Not due to cancer.	
Other conditions Dextrocardia & Arteriosclerosis	Years
Not due to cancer.	

(Include pregnancy within 3 months of death)

Major findings: for:

Of operations Intestinal obstruction

Date of operation: October 22nd, 1939

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE T. J. Hamilton M. D. or other

Address Salisbury Md. Date signed Oct 23 1939

RECEIVED
NOV 6 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-E)

10396

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH:

County Wicomico

City or town Sharptown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 18 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME E. Way Bell

3. (b) Social Security Number

4. Sex M

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Ida Bell

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22 1858

8. AGE: Years 80 Months 8 Days 13 If less than one day hrs. min.

9. Birthplace Dorchester Co Md
(Town, county, and state)

10. Usual occupation Retired Sailor

11. Industry or business

FATHER
12. Name Joseph Bell
13. Birthplace Burmada

MOTHER
14. Maiden name Sallie Collins
15. Birthplace Maryland

16. Informant Mrs Roy Toadvine
Address Sharptown

17. Burial Date thereof Oct 8 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ~~crematory~~ I.O.O.F. - Laurel Del

Location

18. Funeral director H. D. Graveno & Bro
Address Sharptown

19. Oct. 8th 1939 Mary R. Banks
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/3 1939, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/25 1939, to 10/3 1939, and that I last saw him alive on 10/3 1939.

Immediate cause of death Arteriosclerotic Cardio-vascular disease

DURATION

Due to

Due to

Other conditions Hypertrophy of prostate Glam. Uremia
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles M. Moyer
M. D. or ~~other~~

Address Laurel, Hely Date signed 10/7/39

RECEIVED
NOV 3 1939
BUREAU V. S.

(Dr. Wanner)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

10397

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: Wicomico

County

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P. G. Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D. #2

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William A. Cummins

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mattie Cummins

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Sept 8. 1864

8. AGE: Years 75 Months 1 Days 5 If less than one day ___ hrs. ___ min.

9. Birthplace Charleston Mo. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Henry Cummins

13. Birthplace unknown

MOTHER 14. Maiden name Lydia Jane Weller

15. Birthplace Bullitt County Ky.

16. Informant Mrs Mattie Cummins

Address R.D. #2. Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 15-39 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 10/15, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13th 1939, at 5:14 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1939, to Oct 13 1939, and that I last saw him alive on Oct 13 1939

Immediate cause of death: Chronic myocarditis — DURATION: 1 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE Wanner M.D. M. D. or other

Address Salisbury Date signed Oct 14 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119)

10398

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town near Parsonsburg md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wic.
City or town Parsonsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura Ann. Dennis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13 1939

8. AGE: Years | Months 3 | Days | If less than one day hrs. min.

9. Birthplace near Parsonsburg md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Woodrow Dennis
13. Birthplace Parsonsburg. Md.

MOTHER
14. Maiden name Virginia Downs.
15. Birthplace Bethel. Delaware.

16. Informant Woodrow Dennis
Address Parsonsburg. Md.

17. Bethel Cem (Burial, cremation, or removal. Which?) Date thereof Oct. 23 1939 (month) (day) (year)

Cemetery or crematory

Location near Bethel Delaware.

18. Funeral director Wm. Howard Wells.
Address Pittsville. Md.

19. Oct. 23, 1939 (Date rec'd by registrar) Lillian R. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22 1939, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from birth 19 to 10-22 19 39

and that I last saw her alive on 10-22-39 19

Immediate cause of death Infectious enteritis — DURATION 1 day.

Due to —

Due to —

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank R Lewis
M. D. or other

Address Pittsville Md Date signed 10-23-39

RECEIVED
NOV 7 1939
BUREAU V. S.

Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

10399

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P. G. Hospt.

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 201. Washington

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Disharoon

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Baby.

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 2. 1939

8. AGE: Years | Months | Days 1 | If less than one day ____ hrs. ____ min.

9. Birthplace P. G. Hospital Salisbury Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Harry Disharoon Jr

13. Birthplace Hilton village Va.

MOTHER

14. Maiden name Wanita Ruark

15. Birthplace Salisbury Md.

16. Informant Harry Disharoon Jr.

Address 201. Washington St. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 4-39 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 10/4/39 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3rd 1939, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 1939, to Oct 3 1939, and that I last saw her alive on Oct 3 1939.

Immediate cause of death Premature Birth (7 mos pregnancy)

Due to Mother had Pyelitis & Anaemia and was necessary to interrupt pregnancy to save Mother.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Hunter R. Mann M. D. or other

Address Salisbury Md Date signed 10/3/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore Dr. Kitts

CERTIFICATE OF DEATH (23)

10460

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or Town (If outside city or town limits, write RURAL NEAR and give town) Salisbury md.
Street address, hospital, or institution: 224½ Lake St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Fifteen

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 224½ Lake St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Ralph Disharoon

3. (b) Social Security Number 219-07-8648

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillian Disharoon
6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Sept. 16. 1885

8. AGE:

Years	Months	Days	If less than one day
54	—	29	hrs. min.

9. Birthplace Salisbury md. Wicomico (Town, county, and state)
10. Usual occupation machinist
11. Industry or business Machine Shop
FATHER 12. Name Samuel T. Disharoon
FATHER 13. Birthplace Quantico md.
MOTHER 14. Maiden name Mary E. White
MOTHER 15. Birthplace Salisbury md.
16. Informant Mrs. Charles H. Watson
Address 207 Elizabeth St. Salisbury Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof Oct. 17. 1939 (month) (day) (year)
Cemetery or crematory Parsons Lawn
Location Salisbury md.
18. Funeral director Holloway & Co. Walter P. Holloway
Address Salisbury Md
19. 10/17/1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15th 1939 12:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 6 1939 to Oct 13 1939 and that I last saw h alive on Oct. 13 1939

Immediate cause of death	DURATION
Tuberculous enteritis	3 months
Due to Pulmonary tuberculosis	unknown
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Manner of injury Injured at work?

23. SIGNATURE Arthur, M.D.
M. D. or other
Address Salisbury, Md Date signed 10/17/39

RECEIVED
NOV 6 1939
BUREAU V. S.

(Manner)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119)

CERTIFICATE OF DEATH

10401

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

WITHIN CORPORATE LIMITS OF

County Wic.

City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P. B. Hospt.

Stay in hospital or inst. (yrs., or mos., or days) 4 Da.

Stay in this community (yrs., or mos., or days) 5 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wics

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 407. Main

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Helen Maybelle Donaway **3. (b) Social Security Number**

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13-1939

8. AGE: Years | Months 5 | Days 3 | If less than one day hrs. min.

9. Birthplace Deign Port Va. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name William E. Donaway

13. Birthplace Laurel Del.

MOTHER 14. Maiden name Bertha Mae Chasmer

15. Birthplace Wilmington Del.

16. Informant William E. Donaway

Address 407 Wailes St. Salisbury Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Oct. 18-39 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Md

18. Funeral director Holloway & Walter R. Holloway

Address Salisbury Md

19. 10/18 1939 Harriet E. Johnston Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 16-1939 (2:05 P M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 13 1939, to Oct 16 1939, and that I last saw her alive on Oct 16 1939

Immediate cause of death	DURATION
Infectious diarrhea	10 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

20 operations

20 autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Donaway M. D.

M. D. or other

Address Salisbury Date signed Oct 17 39

RECEIVED
NOV 6 1930
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 333

CERTIFICATE OF DEATH

10402

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury (Rural)
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Eastern Shore Tb Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mo. 16 d
(e) Length of stay in this community (yrs., mos., or days) 10 mo. 16 d

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Somerset
(c) City or town Crisfield
(If outside city or town limits, write RURAL and give town)
(d) Street No. _____ (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Drewer, Geneva E.

3 (b) If veteran, name war _____

3 (c) Social Security No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Howard S. Drewer

6. (c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) July 15, 1896

8. **AGE:** Years 43 | Months 3 | Days 12 | If less than one day _____ hr. _____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name Severn Miles

13. Birthplace Virginia

MOTHER 14. Maiden Name Armanda Marshall

15. Birthplace Virginia

16 (a) Informant deceased on admission

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/39 (month) (day) (year)

(c) Cemetery or crematory Crisfield Cem.

Location Crisfield Md.

18 (a) Funeral director L. D. Tawsey

(b) Address Crisfield Md

19 (a) 10/27/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death October 27 1939, at 3.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/11/1938, to 10/27/1939, and that I last saw him alive on 10/27 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	52 mo
Due to	
Due to	
Other conditions Kidney Stones	

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature Paul Cohen M.D. (M. D. or other)
Address Salisbury Md Date signed 10/27/39

VS. A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING 4

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

10403

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P & G. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 620. South Division St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby of Mr & Mrs Wm R. Dryden
3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
8 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 24. 1939
8. AGE: Years | Months | Days 1 | If less than one day hrs. min.
9. Birthplace Salisbury Wicomico Md.
(Town, county, and state)
10. Usual occupation none
11. Industry or business none
FATHER
12. Name William R. Dryden
13. Birthplace Salisbury Md.
MOTHER
14. Maiden name Mary Jane Elizabeth Weaver
15. Birthplace Coatesville Pa.
16. Informant William R Dryden
Address 620. South Div. St Salisbury Md.
17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Oct. 25-39 (month) (day) (year)
Cemetery or crematory Parsons. Cem.
Location Salisbury Md.
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19. 10/25 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 25. 1939 at 3.30 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 24 1939 to Oct 25 1939 and that I last saw her alive on Oct 25 1939.
Immediate cause of death Prevalence Birth
DURATION 6 mos pregnancy
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
PHYSICIAN
Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Injured at work?
23. SIGNATURE Henry R Mann M. D. or other
Address Salisbury Md Date signed 10/25/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU OF S.

(Dary)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

10404

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: Wicomico

County

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution RD. 4

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 78 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. RD. #4.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Letty E. Dryden

3. (b) Social Security Number

4. Sex female

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Allen W. Dryden

6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) March 30 1861

8. AGE: Years 78 Months 6 Days 27 If less than one day ___ hrs. ___ min.

9. Birthplace near Salisbury md (Town, county, and state)

10. Usual occupation House wife

11. Industry or business at Home

FATHER 12. Name William Dykes

13. Birthplace Salisbury md.

MOTHER 14. Maiden name Sarah Dykes

15. Birthplace Salisbury md

16. Informant Allen W. Dryden

Address RD. #4 Salisbury md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct-29-39 (month) (day) (year)

Cemetery or crematory Dykes Ann.

Location Ernest Dykes Farm near Salisbury md

18. Funeral director Holloway & A. Walter R. Holloway

Address Salisbury md.

19. 10/29/39 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27th 1939, at 11:30 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 28 1939 to Oct 27 1939 and that I last saw her alive on Oct 27, 1939.

Immediate cause of death Cardiac Thrombosis — DURATION 6 days

Due to Carcinoma of Stomach — 6 mo

Due to C. R. Gastritis — 7 yrs.

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. O. Dary M.D. or other

Address Salisbury Md Date signed 10/28/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

10405

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury, Rural (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wicomico Childrens' Home

Stay in hospital or inst. (yrs., or mos., or days): 9 years

Stay in this community (yrs., or mos., or days): 9 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury, Rural Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Ocean City Road, Ext. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Henrietta Heber Duffus

3. (b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles Tracy Duffus

6(c) If alive, give age: Not known years

7. Birth date of deceased (mo., day, yr.): Aug. 12, 1876.

8. AGE: Years 63 Months 1 Days 27 If less than one day ___ hrs. ___ min.

9. Birthplace: Houston, Kent Co. Del. (Town, county, and state)

10. Usual occupation: Matron, Wicomico

11. Industry or business: Childrens' Home.

FATHER
12. Name: John W. Burris
13. Birthplace: Cecil Co., Md.

MOTHER
14. Maiden name: Elizabeth Dougherty
15. Birthplace: Kent Co., Del.

16. Informant: LeRoy J. Bayard

Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10/11/39 (month) (day) (year)

Cemetery or crematory: Barratt's Chapel

Location: Kent Co. Delaware

18. Funeral director: The Hill & Johnson Co.

Address: Salisbury, Md.

19. 10/11, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 9, 1939, at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 25 1939 to Oct 9 1939 and that I last saw her alive on Oct 9 1939

Immediate cause of death: Pomery Thrombosis

Due to: Dilatated Heart

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 3 weeks 6 months

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Charles F. Brown M.D. M. D. or other

Address: Salisbury Md. Date signed: 10/11/39

RECEIVED
NOV 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10406

(159)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City ~~Tyaskin~~ No. Peninsula General Hospital, St. Salisbury Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. 4 ds.

2. FULL NAME Infant Gates

(a) Residence: No. Tyaskin, Maryland St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 3, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
			4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tyaskin (State or country) Maryland.

FATHER

13. NAME Norman Gates

14. BIRTHPLACE (city or town) Tyaskin (State or country) Maryland.

MOTHER

15. MAIDEN NAME Katie Priscilla Jones

16. BIRTHPLACE (city or town) Jesterville (State or country) Maryland.

17. INFORMANT Norman Gates (Address) Tyaskin, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Tyaskin, Md Date 10/8, 1939

19. UNDERTAKER (acting) Norman Gates (Address) Tyaskin Maryland

20. FILED 10/8, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1939, to Oct 7, 1939

I last saw he alive on Oct 7, 1939; death is said to have occurred on the date stated above, at 3:45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature 6 months.

Date of onset

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify D. Allen Fields

(Signed) Nantucket Md. M.D.

(Address) ____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 333

CERTIFICATE OF DEATH

10407

1. PLACE OF DEATH

(a) County Wicomico

(b) City or town Salisbury (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Eastern Shore TB Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mo 11 d

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Wicomico

(c) City or town Salisbury (Rural) R#1
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Iler Estelle Green

3 (b) If veteran, name war

3 (c) Social Security No. 219-07-6040

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife none

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31, 1919

8. AGE: Years	Months	Days	If less than one day
20	0	0	hr. min.

9. Birthplace Charles City Virginia
(Town, county, and state)

10. Usual occupation mill hand

11. Industry or business basket mfg.

FATHER
12. Name Cleo W. Green
13. Birthplace Caldwell Co. North Carolina

MOTHER
14. Maiden Name Louise Curtis
15. Birthplace Caldwell Co. North Carolina

16 (a) Informant deceased on admission
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2-39 (month) (day) (year)

(c) Cemetery or crematory Parsons Cem.
Location Salisbury Md

18 (a) Funeral director Wallop & Miller R. Helen
(b) Address Salisbury Md.

19 (a) 11/2/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death Oct 31 1939, at 9.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 1939, to 10/31 1939, and that I last saw him alive on 10/30 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	10 mo
Due to	
Due to	
Other conditions T.B. laryngitis & Enteritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) How injury

23. Signature Paul Cohen M.d.
M. D. or other
Address Salisbury Date signed 10/31/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23)

Reg. Dist. No. 333

CERTIFICATE OF DEATH

10408

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury, Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Eastern Shore Tuberculosis Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yr 6 mos 16 d.

(e) Length of stay in this community (yrs., mos., or days) Same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 110 N. Milton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Henry T Greiser

3 (b) If veteran, name war: no record

3 (c) Social Security No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Emma B Greiser

6. (c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1874

8. AGE: Years 65 | Months 0 | Days 14 | If less than one day _____ hr. _____ min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Peter Greiser
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Katherine Frey
15. Birthplace Germany

16 (a) Informant deceased on admission

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19-39 (month) (day) (year)

(c) Cemetery or crematory United Brethren Cem.

Location Amaranth Pa

18 (a) Funeral director Holloway & Co. Walter R. Holloway

(b) Address Salisbury Md

19 (a) 10/18/39 (Date rec'd by registrar) (b) Harriet E. Johnson Social Registrar

MEDICAL CERTIFICATION

20. Date of death October 16 1939, at 4.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/3/33 19____, to 10/16/39 19____, and that I last saw him alive on 10/16/39 19____.

Immediate cause of death	Duration
Pulmonary Tuberculosis	11 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Cohen M. D. or other

Address Salisbury Md Date signed 10/16/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1939
BUREAU V. S.

(Dr. Wanna)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119)

10409

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md/ (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P&G. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 Day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Ma ryland County Wicomico

City or town Hebron Md. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Hebron Md. R.F.D. #2 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Levin John Hitchens Jr.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OK Mar.6.1939

8. AGE: Years | Months 7 | Days 6 | If less than one day hrs. min.

9. Birthplace Hebron Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Levin John Hitchens
13. Birthplace Bridgeville Del

MOTHER
14. Maiden name Margie Niel
15. Birthplace Laurel Del.

16. Informant Levin John Hitchens
Address Hebron Md.R.F.D.#2

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct.13.1939 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Md.

18. Funeral director Holloway & Co.

Address Salisbury Md.

19. 10/13, 39 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct.12 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 10 1939, to Oct 12 1939, and that I last saw him alive on Oct 11 1939.

Immediate cause of death: Infectious diarrhea — DURATION: Weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Wanna M.D. M. D. or other

Address Salisbury Date signed Oct 13

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

10410

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town or (If outside city or town limits, write RURAL NEAR and give town) P. G. Hospital, Salisbury Md.

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 15 days

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rose St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stanley Holbrook

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 7, 1922

8. AGE:

Years	Months	Days	If less than one day
17	0	29	hrs. min.

9. Birthplace Salisbury, Md.
(Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Levin Holbrook
13. Birthplace Venton, Md.

MOTHER
14. Maiden name Maggie Peters
15. Birthplace Quantico, Md.

16. Informant Levin Holbrook
Address Rose St. Salisbury Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof 10/8/39 (month) (day) (year)

Cemetery or crematory Quantico Colored

Location Quantico Md.

18. Funeral director Mrs. C. G. Messick & Sons

Address Hebron, Md.

19. 10/8, 1939 (Date rec'd by registrar) Marine E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 October 1939, at 8 30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22 Sept. 1939, to 5 Oct. 1939, and that I last saw him alive on 5 Oct. 1939

Immediate cause of death Uremia — DURATION 2 wk.

Due to Chronic nephritis — several years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy Chronic nephritis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE airkins, M.D.
M. D. or other

Address Salisbury, Md. Date signed 10-8-39

RECEIVED
NOV 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1041

1. PLACE OF DEATH (82-a)

County Wicomico Registration Dist. No. 333

Village or City Allen Md No. no St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew J Howell If U. S. Veteran, specify WAR no

(a) Residence: No. Allen Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: a a

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Polly Howell

6. DATE OF BIRTH (month, day, and year): Oct 28-1900

7. AGE: Years 38 | Months 11 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: no

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Laborer

10. Date deceased last worked at this occupation (month and year): 1939

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Holland Va

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown unknown

17. INFORMANT (Address): Polly Howell Allen Md

18. BURIAL, CREMATION, OR REMOVAL: Cem.

Place: Allen Friendship Date: Oct 23, 1939

19. UNDERTAKER (Address): James F. Stewart Salisbury Md

20. FILED: 10/23, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 to 19

I last saw h ..... alive on ..... 19 ..... ; death is said to have occurred on the date stated above, at ..... m.

medical Examiner Certificate

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
cerebral Hemorrhage.	10-18-39

Other Contributory Causes of importance:

Name of operation: none Date of

What last confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. A. Rodemeier Deputy Medical Examiner M. D.

(Address) Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10412

1. PLACE OF DEATH (159)

County Wicomico Co. Peninsula Gen. Hosp. Registration Dist. No. 333

Village or City Salisbury, Md. No. Division & Locust Sts. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Hudson. If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. War. Co.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 17, 1939

7. AGE Years | Months | Days 1 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Wm Edward J. Hudson.

14. BIRTHPLACE (city or town) Del. (State or country)

MOTHER

15. MAIDEN NAME Hazel Mary Webb

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Edw. Hudson (Address) Bishop, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Selbyville, Del. Date Oct 18, 1939.

19. UNDERTAKER M. Pasha Watson (Address) Selbyville, Del.

20. FILED 10/18, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1939, to Oct. 18, 1939

I last saw her alive on 10-17, 1939; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset

Prematurity

Other Contributory Causes of importance: (mother has typhoid fever).

Name of operation none Date of ____

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) Ai Kiss M. D.

(Address) Salisbury, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED NOV 6 1929

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10413

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Ren. Gen. Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sylvester Hudson
3. (b) Social Security Number

4. Sex Male
5. Color or race col.
6. (a) Single, married, widowed, or divorced

B (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1939

8. AGE: Years | Months 6 | Days 23 | If less than one day hrs. min.

9. Birthplace Near Snow Hill, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name James Hudson
13. Birthplace Near Snow Hill, Md.

MOTHER
14. Maiden name Louisa Collins
15. Birthplace Near Salisbury, Md.

1B. Informant Louisa Hudson
Address Near Snow Hill, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/10/39 (month) (day) (year)
Cemetery or crematory Taylor's Gate
Location Indiantown, Md.

1B. Funeral director Neane A. Deerns
Address Snow Hill Md

19. 10/9, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-9- 1939, at 10:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-29- 1939, to 10-9- 1939, and that I last saw him alive on 10-9- 1939.

Immediate cause of death Injection Carbolica Bronchopneumonia

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Philip A. Insley M. D. or other
Address Salisbury Md Date signed 10-9-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

10414

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1205 N Division St

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) Seven weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wicomico

City or town Salisbury Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Salisbury Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Betty Johnson

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	a a	Single

6 (b) Name of husband or wife no

6(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) Feb 27 1890

8. AGE: Years	Months	Days	If less than one day
49	7	26	hrs. min.

9. Birthplace Salisbury Md
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business no

FATHER

12. Name Robert Johnson

13. Birthplace Salisbury Md

MOTHER

14. Maiden name Pennie Dixon

15. Birthplace Salisbury Md

16. Informant Miss Hellen Johnson

Address Salisbury Md

17. Burial Date thereof Oct 26 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Houston

Location Salisbury Md

18. Funeral director James H. Steward

Address Salisbury Md

19. 10/26/1939 Harriet E Johnson
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-23 1939, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-15 1939, to 10-23 1939, and that I last saw h[illegible] alive on 10-23-39 19

Immediate cause of death	DURATION
Carcinoma uterus	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

20 operations

20 autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address Salisbury Md Date signed 10-25-39

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NOV 6 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

10415

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Rural near Eden
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: V

Stay in hospital or inst. (yrs., or mos., or days) V

Stay in this community (yrs., or mos., or days) 8 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Rural, Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. near Eden
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR V

3. (a) FULL NAME William Turner Jones

3. (b) Social Security Number V

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Virginia C. Jones V

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 5, 1857.

8. AGE: Years 81 | Months 10 | Days 21 | If less than one day ____ hrs. ____ min.

9. Birthplace Somerset Co. near Eden
(Town, county, and state)

10. Usual occupation Farmer V

11. Industry or business

FATHER 12. Name William Jones

FATHER 13. Birthplace Somerset Co. Md.

MOTHER 14. Maiden name Henrietta Turner

MOTHER 15. Birthplace Somerset Co. Md.

16. Informant Lewis H. Jones

Address Eden, Md. R.D. V

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/29/39 (month) (day) (year)

Cemetery or crematory Druid Lawn

Location Fruitland Md.

1B. Funeral director W. Pell Gordy

Address Fruitland, Md.

19. 10/29, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26, 1939, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 1939, to Oct. 26 1939, and that I last saw h sis alive on Oct. 26 1939.

	DURATION
Immediate cause of death: Coronary Thrombosis	2 Days
Due to: Carcinoma of Liver	6 mos
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE W. O. Dawson M. D.

Address Delmar, Md. Date signed 10/27/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

CERTIFICATE OF DEATH

10416

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH.
County: Wicomico
City or town: Salisbury Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 104 Chestnut St.
Stay in hospital or inst. (yrs., or mos., or days): One Hour
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Wicomico
City or town: Salisbury Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Salisbury Md. R.F.D.1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Larry Staton Lecates

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Elsie Prettyman

6(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): July 15. 1900

8. AGE: Years	Months	Days	If less than one day
39	2	24	hrs. min.

9. Birthplace (City, County, State): Salisbury, Md. R.F.D.

10. Usual occupation: Laborer

11. Industry or business:

FATHER — 12. Name: Silas.S.Lecates
13. Birthplace: Delmar Md.

MOTHER — 14. Maiden name: Sarah Campbell
15. Birthplace: Pittsville Md.

16. Informant: Mrs Sara h Campbell Lecates
Address: Salisbury Md. R.F.D.1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 12. 1939 (month) (day) (year)

Cemetery or crematory: Bethel Church Cem. Walstons

Location:

18. Funeral director: Holloway & Co Walter R. Holloway

Address: Salisbury Md

19. 10/12, 1939 (Date rec'd by registrar) Harriet E. Johnston Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct..9th 1939, at 5.15p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24, 1939, to October 9, 1939, and that I last saw h-ing alive on October 9, 1939.

	DURATION
Immediate cause of death: Ruptured Aorta Aneurysm.	?
Due to: Syphilis.	?
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? Md. (City or town) (County) (State)
injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John H. Yeaman M.D.
M. D. or other
Address: 321½ Camden Ave, Date signed 10/11/39.

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NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

10417

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: Wicomico

County

City or town: Near Eden
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: U.S. Route #13

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Virginia County: ✓

City or town: Norfolk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3706 Colley Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James M. McFarland

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 19, 1920

8. AGE: Years: 19 Months: 0 Days: 11 If less than one day ____ hrs. ____ min.

9. Birthplace: Norfolk Va.
(Town, county, and state)

10. Usual occupation: Chauffer

11. Industry or business: Truck Driver

FATHER
12. Name: James M. McFarland Jr.
13. Birthplace: Norfolk Va.

MOTHER
14. Maiden name: Alice Le Noir
15. Birthplace: Danville Va.

18. Informant: James M. McFarland
Address: 3706 Colley Ave Norfolk Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 3-39 (month) (day) (year)

Cemetery or crematory: Forest Lawn

Location: Norfolk Va.

18. Funeral director: Holloway & C. Walter Rodgers

Address: Salisbury Md.

19. 10/31/39 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 30 1939, at 7:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death: Ruptured Liver

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: Ruptured Liver

DURATION: 7 hours or less

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: 10/30/39

Where did injury occur? Eden (City or town) Wicomico (County), Md (State)

Injured at home, farm, industry, public place (where?): Public Highway 13

Means of injury: Truck Run off Road Injured at work? yes

23. SIGNATURE: Holloway Lakademaker M.D. Deputy Medical Examiner. M. D. or other

Address: Salisbury, Md Date signed: 10/30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19)

10418

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WHITE CORPORATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 779 Newton St.
Stay in hospital or inst. (yrs., or mos., or days) V
Stay in this community (yrs., or mos., or days) 77 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 779 Newton
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR V

3. (a) FULL NAME Elizabeth Ann Melson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife James L. Melson
6(c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1858

8. AGE: Years 81 | Months 8 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace Salisbury, Wicomico, Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Thomas H. H. Mitchell
13. Birthplace Somerset Co., Md.

MOTHER
14. Maiden name Sarah Ellen White
15. Birthplace Wicomico Co., Md.

16. Informant James L. Melson,
Address Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 24, 1939. (month) (day) (year)
Cemetery or crematory Parsons
Location Salisbury, Md.

18. Funeral director The Hill & Johnson Co.,
Address Salisbury Md.

19. 10/24/39 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21, 1939, at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1935, to day of death 19__, and that I last saw her alive on Oct 21 1939.

Immediate cause of death	DURATION
Cerebral hemorrhage	2 weeks
Due to Hypertension and Arteriosclerosis	
Due to	
Other conditions Chronic nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank H. Lewis M. D. or other
Address Pollards Date signed Oct 21 '39.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 46-B

10419

CERTIFICATE OF DEATH

Reg. Dist. No. 33 /

1. PLACE OF DEATH:
County Wicomico
City or town Hebron md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Wicomico
City or town Hebron md Ward No. no
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Emily Morris
3. (b) Social Security Number no

4. Sex female
5. Color or race a-a
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife John Morris
6(c) If alive, give age about 74 years
7. Birth date of deceased (mo., day, yr.) Jan 22 1872
8. AGE: Years 67 Months 8 Days 12 If less than one day ___ hrs. ___ min.
9. Birthplace Rockawalkin md (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business no
FATHER
12. Name John Birckett
13. Birthplace Salisbury md
MOTHER
14. Maiden name Amelia Dashield
15. Birthplace Quantico md
16. Informant Mr John Morris
Address Hebron md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 4, 1939 (month) (day) (year)
Cemetery or crematory Rockawalkin md
Location Rockawalkin md
18. Funeral director James F Stewart
Address Salisbury md
19. Oct 2 1939 (Date rec'd by registrar) Mrs J M Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2nd 1939, at 3:30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1st 1939, to October 1st 1939, and that I last saw her alive on October 1st 1939.
Immediate cause of death Carcinoma of Stomach
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William Emrich M. D. or other
Address Hebron - Md Date signed October 2nd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING--THIS IS A PERMANENT RECORD
WRITE PLAINLY, WITH UNFADING INK

N. B.--Every item of information should be carefully supplied AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

STATE OF MARYLAND
CERTIFICATE OF DEATH

10420

Registration Dist. No. 333

1 PLACE OF DEATH

County Wicomico

Village or City Salisbury (No P. G. Hospital St.: Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Julia Ann Morris

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	Colored	XX

6 DATE OF BIRTH

June 14, 1939
(Month) (Day) (Year)

7 AGE

yrs. mos. 3-24 ds. | If LESS than 1 day hrs. or min.

8 OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)
Baltimore Md.

PARENTS

10 NAME OF FATHER
Edward Morris

11 BIRTHPLACE OF FATHER (State or country) Hebron, Md.

12 MAIDEN NAME OF MOTHER
Angie Williams

13 BIRTHPLACE OF MOTHER (State or country) Damesquarter, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Morris

(Address) Hebron, Md.

15

Filed 10/9/39 19 Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 8, 1939
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Oct 5 19 39 to Oct 8 19 39 that I last saw h alive on Oct 8 19 39 and that death occurred on the date stated above, at 8.40 P. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(Duration) yrs. mos. ds.

Contributory Secondary Mal nutrition

(Duration) yrs. mos. ds.

(Signed) Thos R Morris M. D.

10/9 1939 (Address) Salisbury Md

*State the Disease Causing Death, or, if deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. 3 da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence Wic Co

19 PLACE OF BURIAL OR REMOVAL: Quantico Md.

DATE OF BURIAL: 10/9/39

20 UNDERTAKER: Mrs. C. G. Messick & Sons

ADDRESS: Hebron Md.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 2 1939

Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

10421

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.G. Hospt

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. East William Ext
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Parsons

3. (b) Social Security Number

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1. 1939

8. AGE: Years | Months | Days | If less than one day

Still Born hrs. min.

9. Birthplace P.G. Hospital Salisbury Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Howard Parsons
13. Birthplace Delmar Del.

MOTHER
14. Maiden name Margaret Gordy
15. Birthplace Salisbury Md

16. Informant Howard Parsons

Address E. William St. Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 4. 39 (month) (day) (year)

Cemetery or crematory Parsons Cemetery

Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 10/4/39 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1. 1939, at 5:14 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1939, to Oct 1 1939 and that I last saw h alive on 19

Immediate cause of death Still born (7 mos pg).

Due to Still born (cord tight around neck or premature separation of Placenta)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hence R Mann M. D. or other

Address Salisbury Md Date signed 10/2/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23)

Reg. Dist. No. 333

10422

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Wicomico

(b) City or town Salisbury Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Eastern Shore TB Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 389 days

(e) Length of stay in this community (yrs., mos., or days) 389 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Caroline

(c) City or town Preston
(If outside city or town limits, write RURAL and give town)

(d) Street No. —
(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Perry, Clemie Clemmie G.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Clarence Perry

6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March 15, 1891

8. AGE: Years 48 | Months 6 | Days 18 | If less than one day ____hr. ____min.

9. Birthplace Virginia - Caroline County
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business —

FATHER 12. Name Wesley Pearks

13. Birthplace Virginia

MOTHER 14. Maiden Name Laura Osterhold

15. Birthplace Virginia

16 (a) Informant deceased on admission

(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6 1939 (month) (day) (year)

(c) Cemetery or crematory Winchester Cemetery

Location Winchester, Maryland

18 (a) Funeral director J. J. Frampton & Son

(b) Address Fruitland, Maryland

19 (a) 10/5/39 (Date rec'd by registrar) (b) Gabriel E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death October 3 1939, at 10:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/10/38 19____, to 10/3/39 19____, and that I last saw him alive on 10/3/39 19____.

Immediate cause of death	Duration
Pulmonary Tuberculosis	26 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Allen, M.D.
M. D. or other

Address Salisbury Md Date signed 10/3/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-C)

CERTIFICATE OF DEATH

10423

Reg. Dist. No. 335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Sharptown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 7 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William R. Phillips

3. (b) Social Security Number:

4. Sex: M

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Sallie W. Phillips

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 19 185'0

8. AGE:

Years	Months	Days	If less than one day
89	8	27	hrs. min.

9. Birthplace: Delaware
(Town, county, and state)

10. Usual occupation:

11. Industry or business: Retired Farmer

FATHER
12. Name: William Phillips
13. Birthplace: Del

MOTHER
14. Maiden name: Eliza Walles
15. Birthplace: Del

16. Informant: Elwood Phillips
Address: Delmar R.D.2

17. Phillips Burial Date thereof Oct 18 1939
(Burial, cremation, or removal? Which?) (month) (day) (year)
Cemetery or crematory: Phillips Family
Location:

18. Funeral director: Travers Bros
Address: Sharptown Md

19. Oct 17 1939 Mary R. Banks
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 16 1939, at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938 to Oct 16 1939, and that I last saw h alive on Oct 16 1939.

Immediate cause of death: Carcinoma of Prostate — DURATION: 2½ yrs

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: H. S. Richman M. D. or other
Address: Sharptown Md Date signed: 10/7/39

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BUREAU V. S.

(Nelsonville.)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

10424

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.H. Hospt.
Stay in hospital or inst. (yrs., or mos., or days) 1 day.
Stay in this community (yrs., or mos., or days) 18 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother.)
State Md. County Wicomico
City or town 301. Wicomico Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Salisbury
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Doris E. Prettyman

3. (b) Social Security Number

4. Sex Female | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Robert R. Prettyman

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) May 11. 1885

8. AGE: Years 54 | Months 5 | Days 13 | If less than one day ____ hrs. ____ min.

9. Birthplace Laurel Del.
(Town, county, and state)

10. Usual occupation Home work at Home

11. Industry or business

FATHER
12. Name Kendall L. Baker
13. Birthplace Laurel Del.

MOTHER
14. Maiden name Daisy Shockley
15. Birthplace Sussex County Del

16. Informant Norman L. Prettyman
Address 1202 W. Main st. Salisbury Md

17. Burial Date thereof Oct. 25-1939
(Burial, cremation, or removal—Which?) (month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury Md.

18. Funeral director Holloway & Co.
Address Walter R. Holloway Salisbury Md.

19. 10/25 1939 Harriet L. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24 1939 (a.m.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 23 1939 to Oct 24 1939 and that I last saw her alive on Oct 24 1939

	DURATION
Immediate cause of death Carbuncle of back	6 days
Due to	
Due to	
Other conditions Diabetes mellitus	6 mos

(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy not done

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L.A. Rademacher M.D.
M. D. or other

Address Salisbury, Md. Date signed 10/24/39

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NOV 6 1989
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (212-F)

CERTIFICATE OF DEATH

10425

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula G. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 14 Dys
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Newark Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR 10

3. (a) FULL NAME John Purnell

3. (b) Social Security Number

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Estella Purnell
6(c) If alive, give age: 49 years
7. Birth date of deceased (mo., day, yr.): Unknown
8. AGE: Years: about 48 | Months | Days | If less than one day: hrs. min.
9. Birthplace: Berlin Worcester County (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: John J. Purnell
13. Birthplace: Maryland
MOTHER 14. Maiden name: Emily Degrunell
15. Birthplace: Maryland
16. Informant: Estella Purnell
Address: Newark Md
17. (Burial, cremation, or removal. Which?) Burial Date thereof Oct. 17-39 (month) (day) (year)
Cemetery or crematory: Evergreen
Location: Berlin
18. Funeral director: Deane & Dennis
Address: Snow Hill Md
19. 10/14/39 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14th 1939, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/29 1939, to 10/14 1939, and that I last saw him alive on 10/14 1939.

Immediate cause of death	DURATION
Fracture of Cervical Vertebra	
Due to Fall from horse	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 9/29/39
Where did injury occur? Newark (City or town) Worcester (County) Md. (State)
Injured at home, farm, industry, public place (where?) Road.
Means of injury Fall from horse Injured at work? Yes.

23. SIGNATURE Chas. T. Fisher 2nd M. D. or other
Address Salisbury Md Date signed 10/14/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10426

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Four Months

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 107 Camden Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John W. Richardson

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

8 (b) Name of husband or wife: Emma L. Malone

6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Oct. 2, 1860

8. AGE: Years	Months	Days	If less than one day
79	0	17	hrs. min.

9. Birthplace: Near Salisbury, Wicomico, Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: George M. Richardson
13. Birthplace: Near Salisbury, Md.

MOTHER
14. Maiden name: Sweania M. Hastings
15. Birthplace: Near Salisbury, Md.

16. Informant: Mrs. Emma L. Richardson

Address: 107 Camden Ave., Salisbury

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 22, 1939 (month) (day) (year)

Cemetery or crematory: Allen M. E. Church Yd.

Location: Allen, Maryland.

16. Funeral director: The Dill and Johnson Co.

Address: East Main Street at Davis

19. 10/22, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 19, 1939, at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to Oct 19 1939, and that I last saw him alive on Oct. 2 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 hrs.
Hypertension	6 1/3 mths
Due to Valvular Heart disease	mths
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Howard R Mann M. D. or other

Address: Salisbury Md Date signed: 10/20/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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10427

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (145a)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Near Sharptown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Margaret B. Roberts

3. (b) Social Security Number

4. Sex Female

5. Color or race Col.

6. (a) Single, married, widowed, or divorced married.

6 (b) Name of husband or wife Otha Roberts.

6(c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1914

8. AGE: Years 24 Months 10 Days 2 If less than one day ___ hrs. ___ min.

9. Birthplace Del.
(Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER
12. Name Shockley Hatten.
13. Birthplace Del.

MOTHER
14. Maiden name Annie Roberts.
15. Birthplace Del.

16. Informant Otha Roberts

Address Mardela Springs

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 24, 1939 (month) (day) (year)

Cemetery or crematory Sandoringo, Md.

Location Wicomico Co.

18. Funeral director J. J. Hrampton Son

Address Federalsburg, Md.

19. 10/23, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 1939, at 11 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 19 1939, to Oct. 22 1939, and that I last saw her alive on Oct 22 1939.

Immediate cause of death Puerpal sepsis.

Due to maternofetal dysproportion

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Caesarean section. Maternofetal Dysproportion.
Of autopsy Gas bacillus infection and sepsis

DURATION 3 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. A. Rademacher M.D.
M. D. or other

Address Salisbury Md Date signed 10-23-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 6 1939
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (4-D)

10428

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury Md. Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury Md. Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Two miles west of Salisbury
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Chester Hughes Robertson

3. (b) Social Security Number

4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Mar 8th 1924

8. AGE: Years: 15 Months: 7 Days: 2 If less than one day ____ hrs. ____ min.

9. Birthplace: Clara Md (Town, county, and state)
10. Usual occupation: School
11. Industry or business
FATHER
12. Name: Chester Robertson
13. Birthplace: Clara, Md.
MOTHER
14. Maiden name: Ida Hughes
15. Birthplace: Clara Md
16. Informant: Chester Robertson
Address: Salisbury Md R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 12 1939 (month) (day) (year)
Cemetery or crematory: St Mary's Cem.
Location: Tyaskin, Md.
18. Funeral director: Mrs. C G Messick & Sons
Address: Dunalvie Md
19. 10/11, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 10th 1939, at 7:30 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1939, to 10 October 1939, and that I last saw him alive on October 9 1939.

Immediate cause of death: Carcinomatosis — DURATION: 10 months
Due to: Peri-rectal carcinoma — about 1 year
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Carcinoma (biopsy)
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: A W Kitts, M.D. (M. D. or other)
Address: Salisbury, Md. Date signed: 10-11-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 6 1939
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10429

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (97)

County Wicomico — Registration Dist. No. 333

Village or City Salisbury — No. Wicomico Hotel St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary Pitts Robinson

(a) Residence: No. Fruitland, Md St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of William E. Robinson

6. DATE OF BIRTH (month, day, and year) Feb. 17, 1858

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Berlin, Maryland (State or country)

FATHER

13. NAME Dr. Hilary R. Pitts

14. BIRTHPLACE (city or town) Worcester County (State or country) Maryland

MOTHER

15. MAIDEN NAME ~~Mary Pitt~~ Rebecca Bowen

16. BIRTHPLACE (city or town) Worcester County (State or country) Maryland

17. INFORMANT (Miss) Charlotte J. Quillin (Address) 502 N. Division St., Salisbury, Md

18. BURIAL, CREMATION, OR REMOVAL Place Union Chapel Date Oct 19, 1939

19. UNDERTAKER Dean & Foster (Address) Salisbury Md

20. FILED 10/18/39, 19 Harriet E. Johnson Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 18th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 10/15, 1939, to 10/18, 1939

I last saw h... alive on 10/18, 1939; death is said to hava occurred on the date stated above, at 8:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Acute Heart Failure	

Other Contributory Causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Wes disease or injury in any way related to occupation of deceasad? No

If so, specify ...

(Signed) Elmer G. Fisher M. D.

(Address) Salisbury, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10430

(82-a)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Jesterville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Rogers If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Rogers

6. DATE OF BIRTH (month, day, and year): April 13 1864

7. AGE: Years 75 | Months 6 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): Jan 1937

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town): ? (State or country): Va.

FATHER

13. NAME: Horace Rogers

14. BIRTHPLACE (city or town): ? (State or country): Va.

MOTHER

15. MAIDEN NAME: Susan Devans

16. BIRTHPLACE (city or town): (State or country): Va.

17. INFORMANT: Mary Rogers (Address) Jesterville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Jesterville Md. Date Oct 15, 1939

19. UNDERTAKER: Mrs. A. Messick & Sons (Address) Bivalve, Md.

20. FILED 10/13, 1939 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY. That I attended deceased from Sept 5, 1939, to Oct 12, 1939

I last saw him alive on Jan, 1939; death is said to have occurred on the date stated above, at 8 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Apoplexy

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Allen Field M. D.

(Address) Nantucket, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 4 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-E)

10431

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Pittsville, Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 90 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Pittsville, Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Sallie C. Rounds

3. (b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John W. Rounds

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Oct. 25, 1849.

8. AGE: Years: 89 Months: 11 Days: 12 If less than one day: hrs. min.

9. Birthplace: Wicomico, County, Md.
(Town, county, and state)

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER
12. Name: Albert Bailey
13. Birthplace: Maryland

MOTHER
14. Maiden name: Not known
15. Birthplace: " "

16. Informant: George W. Rounds,
Address: Ocean City, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Oct 9, 1939
(month) (day) (year)

Cemetery or crematory: Pittsville M.P. Cemetery

Location: Pittsville, Md.

18. Funeral director: The Hill & Johnson Co.

Address: Salisbury, Md.

19. Oct. 9, 1939 Lillian R. Davis
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 7, 1939, at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1939 to Oct 7 1939 and that I last saw her alive on Oct 7 1939

Immediate cause of death: Pyrexia [illegible] [illegible] with [illegible]

Due to: ✓

Due to: ✓

Other conditions: Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
—
Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Francis J. [illegible]
M. D. or other

Address: Ocean City, Md. Date signed: Oct 8/39

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NOV 7 19[illegible]
BUREAU V. S.

(Dr. Nock)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 730

10432

CERTIFICATE OF DEATH

Reg. Dist. No. 333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: Wicomico

County

City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.G. Hospt

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. West Main (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elijah Emory Smith

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Dead — Mary McPherson Smith; Dead — Molly Figgs Smith

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): No Record

8. AGE: Years 54 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER

12. Name: Minor W. Smith

13. Birthplace: Maryland

MOTHER

14. Maiden name: Sally Mitchell

15. Birthplace: Sussex County Del.

16. Informant: Merrill J. Smith

Address: 642 W. Main St. Salisbury Md

17. Burial (Burial, cremation, or removal Which?) Date thereof Oct. 10-39 (month) (day) (year)

Cemetery or crematory: Parsons Cemetery

Location: Salisbury Md.

18. Funeral director: Holloway & Co. Walter R. Holloway

Address: Salisbury Md.

19. 10/10/39 (Date rec'd by registrar) Harriet E. Johnson Soca Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 7th 1939 at 12:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1939, to Oct 7 1939 and that I last saw him alive on Oct 7 1939.

Immediate cause of death: Chr Myocarditis

DURATION: hr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: —

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide No Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury Injured at work?

23. SIGNATURE R. M. Nock M. D. or other

Address Salisbury Date signed 10/10/39

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NOV 6 1939

Dr. Lynch.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10433

Reg. Dist. No. 233

1. PLACE OF DEATH:
County Wico
City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: RFD. #2
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md. County Wico
City or town Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. RFD. # 2 (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harrison Edgar Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rosa E. Smith
6 (c) If alive, give age 49 years
7. Birth date of deceased (mo., day, yr.) March 31-1889

8. AGE: Years 50 | Months 6 | Days 23 | If less than one day ____ hrs. ____ min.

9. Birthplace Pittsville Md. (Town, county, and state)
10. Usual occupation Grocery Man
11. Industry or business
FATHER 12. Name Felix Smith
FATHER 13. Birthplace RD. Whaleyville Md.
MOTHER 14. Maiden name Mary A Hall
MOTHER 15. Birthplace RD. Whaleyville Md.
16. Informant Mrs. Rosa E. Smith
Address RD. #2 Salisbury Md.
17. Burial Date thereof 10-25-39 (Burial, cremation, or removal? Which?) (month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury Md
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md
19. 10/25/39 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23 1939, at 12:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 21 1939, to Oct 23 1939
and that I last saw him alive on Oct 22 1939.

Immediate cause of death	DURATION
Hemorrhage of stomach	
Due to Carcinoma of stomach with perforation & ulcer	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
(Means of injury) Injured at work?

23. SIGNATURE J. H. Lynch M. D. or other
Address Delmar Md. Date signed Oct 25/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1939
BUFFALO, N. Y.

(Dr. Kitts)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

10434

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Wicomico Co.
County
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.B. Hoyt
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 27 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico Co.
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. W. Main
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret E. Deutner

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles F. Deutner
6(c) If alive, give age: 75 years
7. Birth date of deceased (mo., day, yr.): Aug. 12. 1866
8. AGE: Years: 73 Months: 2 Days: 13 If less than one day: hrs. min.
9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual occupation: Home wife
11. Industry or business: at Home
FATHER 12. Name: William E. Lokey
FATHER 13. Birthplace: Balto Md
MOTHER 14. Maiden name: Mary Ann Nance
MOTHER 15. Birthplace: Balto Md.
16. Informant: Chas. F. Deutner
Address: W. Main St. Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 27-39 (month) (day) (year)
Cemetery or crematory: Wico. Mem. Park
Location: Salisbury Md.
18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.
19. 10/27/ 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 25th 1939, at 6.55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23 October 1939, to 25 October 1939, and that I last saw h[illegible] alive on 25 October 1939.

Immediate cause of death: Diabetes Mellitus — DURATION: several years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: [illegible] M. D.
M. D. or other
Address: Salisbury, Maryland — Date signed: Oct 27. 1939

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NOV 6 1939
BUREAU V. S.

(Rademaker)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10435

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P & G Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 209 E. Locust
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Phillip Levin Townsend

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22. 1935

8. AGE:

Years	Months	Days	If less than one day
3	9	22	hrs. min.

9. Birthplace Salisbury Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Parlus Levin Townsend
13. Birthplace Salisbury Md.

MOTHER
14. Maiden name Era Mae Short
15. Birthplace Salisbury Md.

16. Informant Parlus Levin Townsend
Address 209 E. Locust Salisbury Md.

17. Burial
(Burial, cremation, or removal. Which?) Date thereof Oct 16 1939
(month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury Md.

18. Funeral director Holloway & Lee Undertaking Co.
Address Salisbury Md.

19. 10/16 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14 1939, at 12.30 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Oct 14 1939 to 19
and that I last saw deceased alive on 19

Immediate cause of death Fractured Skull
Lacerated Brain
DURATION 10-14-39

Due to Automobile accident to C.W.S.R.
Skull crushed by wheel of automobile

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 10-14-39
Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?) Roadside at home
Means of injury Skull crushed by wheel of vehicle Injured at work? No

23. SIGNATURE L. A. Rademaker M.D. Deputy Medical Examiner M.D. or other
Address Salisbury, Md. Date signed 10-16-39

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NOV 6 1939
BUREAU V. S.

10436

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (165)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 901 N. Division St.

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 59 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 736 Camden Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Edna Gillis Full

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Harry C. Full

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 7, 1880.

8. AGE: Years 58 | Months 10 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace: Salisbury, Wicomico, Md.
(Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business ✓

FATHER
12. Name: Allison A. Gillis
13. Birthplace: Wicomico Co., Md.

MOTHER
14. Maiden name: Laura Gertrude Williams
15. Birthplace: Wicomico Co., Md.

18. Informant: Mrs. F. A. Giver, Jr.,
Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/21/39. (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md.

18. Funeral director: The Hill & Johnson Co.,
Address: Salisbury, Md.

19. 10/21, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1939, at 11 p.m. approx

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw ____ alive on ____ 19__.

Immediate cause of death: Strangulation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of 10-18-39

Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) home

Means of injury: Strangulation Injured at work? No

23. SIGNATURE: L. A. Rademaker M.D. Deputy Medical Examiner Wicomico Co. Md. M.D. or other

Address: Salisbury, Md. Date signed 10/30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 23

10437

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:
County Wicomico
City or town Nanticoke Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Nanticoke Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mae L. Waters
3. (b) Social Security Number no

4. Sex female
5. Color or race a a
6. (a) Single, married, widowed, or divorced Single
6(b) Name of husband or wife no
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 26 1914
8. AGE: Years 25 Months 7 Days 24 If less than one day hrs. min.
9. Birthplace Nanticoke Md (Town, county, and state)
10. Usual occupation School Teacher
11. Industry or business no
FATHER 12. Name Benjamin Waters
13. Birthplace Nanticoke Md
MOTHER 14. Maiden name Susan Nutter
15. Birthplace Nanticoke Md
16. Informant Mrs Susan Nutter
Address Nanticoke Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 22 1939 (month) (day) (year)
Cemetery or crematory Nanticoke
Location Nanticoke Md
18. Funeral director James F. Stewart
Address Salisbury Md
19. Oct 21 1939 (Date rec'd by registrar) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20 1939, at 8 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1939, to Oct 19 1939, and that I last saw h elive on 19
Immediate cause of death Pulmonary Tuberculosis.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D. Allen Fields M. D. or other
Address Nanticoke Md Date signed 10-21-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1939
BUREAU V. S.

10438

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(183)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: Wicomico

County

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wicomico River

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 64 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wicomico

City or town ~~Sal~~ Fruitland Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John ~~Thomas~~ William Watson

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alice Watson

6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.): June 16 - 1875

8. AGE: Years 64 | Months 3 | Days 24 | If less than one day ___ hrs. ___ min.

9. Birthplace: Fruitland Md. (Town, county, and state)

10. Usual occupation: Plasterer and

11. Industry or business: Brick Laying

FATHER
12. Name: William Watson
13. Birthplace: Franklin City Va.

MOTHER
14. Maiden name: Rhoda Ann Carey
15. Birthplace: Fruitland Md.

16. Informant: Otis W. Watson

Address: 1105 E. Capitol St. Washington D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 12 - 39 (month) (day) (year)

Cemetery or crematory: Parsons Cem

Location: Salisbury Md.

18. Funeral director: Holloway & Co Walter R. Holloway

Address: Salisbury Md.

19. 10/12/39 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1939, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Medical Examiner Certificate

Immediate cause of death: Drowning — DURATION 10 mins.

Due to: Alcohol Intoxication — 3 weeks.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident. Date of 10-10-39

Where did injury occur? Salisbury (City or town) Wicomico (County) Md. (State)

Injured at home, farm, industry, public place (where?) River

Means of injury: Fell into river Drowning Injured at work? no

23. SIGNATURE: Lakademaker M.D. Deputy Med Examiner Wicomico County - St. of Md M.D. or other

Address: Salisbury, Md Date signed 10-10-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1939
BUREAU V. M.

10439

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (178)

CERTIFICATE OF DEATH

Reg. Dist. No. 11 336

1. PLACE OF DEATH:
County Wicomico
City or town R.F.D. Delmar Road
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Near Delmar
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 17 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 201 Race Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Glady M. Wilkerson White

3. (b) Social Security Number 222-05-0696

4. Sex: female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Paul White
6(c) If alive, give age 19 years
7. Birth date of deceased (mo., day, yr.) Oct. 5 1922

8. AGE: Years 17 | Months | Days 10 | If less than one day ___ hrs. ___ min.

9. Birthplace Salisbury Md (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Canning House

FATHER
12. Name William O. Wilkerson
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden name Nora Parsons
15. Birthplace Salisbury Md.

16. Informant Mrs Nora West
Address R.D. #1. Hebron Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof Oct. 18-39 (month) (day) (year)
Cemetery or crematory Shad Point
Location Shad Point Md

18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md

19. Oct. 16, 1939 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 1939, at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___ to ___ 19___, and that I last saw ___ alive on ___ 19___.
medical examiner's certificate

Immediate cause of death: Carbon monoxide poisoning — DURATION 10/15/39
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide accidental Date of 10/15/39
Where did injury occur? Delmar (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?) Tourist Cabin
Means of injury Unlit gas burner Injured at work? No

23. SIGNATURE Lakeshore Md Deputy Med. Examiner M. D. or other
Address Salisbury Md Date signed 10/16/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S. F. Etter & L.
Warr

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191)

CERTIFICATE OF DEATH

10440

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: John B. Parsons Home for the Aged

Stay in hospital or inst. (yrs., or mos., or days): 14 yrs. 10 mos.

Stay in this community (yrs., or mos., or days): 14 yrs. 10 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Lemon Hill, Salisbury Md (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Anne Wilson

3. (b) Social Security Number: —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband or wife: James Wilson

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): May 19, 1853

8. AGE: Years	Months	Days	If less than one day
86	4	12	— hrs. — min.

9. Birthplace: Woking, Surrey, England (Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER — 12. Name: John Strudwick

FATHER — 13. Birthplace: England

MOTHER — 14. Maiden name: Mary Ann Williams

MOTHER — 15. Birthplace: England

16. Informant: Supt. John B. Parsons Home

Address: Lemon Hill, Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 3, 1939 (month) (day) (year)

Cemetery or crematory: Parsons Cemetery

Location: N. Division St. Salisbury, Md.

18. Funeral director: The Hill & Johnson Co.

Address: E. Main at Davis St.

19. 10/3/1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 1, 1939, at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1, 1939, to Oct 1, 1939 and that I last saw h— alive on Oct 1, 1939

Immediate cause of death	DURATION
Coronary Thrombosis	2 days
Due to Arterio Sclerosis	8 mos.
Due to Chr. Int. Nephritis	10 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

injured at home, farm, industry, public place (where?)

Means of injury — injured at work?

23. SIGNATURE: W O Davis M.D. M. D. or other

Address: Salisbury — Date signed: 10/2/39

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-C)

10441

CERTIFICATE OF DEATH

Reg. Dist. No. 1/336

1. PLACE OF DEATH:
County ~~[illegible]~~ Wicomico
City or town Delmar
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Delmar (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sallie P. Wright
3. (b) Social Security Number

4. Sex F
5. Color or race White
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife William Wright
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 3 1864
8. AGE: Years 75 Months 5 Days 1 If less than one day hrs. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation House work
11. Industry or business
FATHER 12. Name Marcellus Heathery
13. Birthplace Md
MOTHER 14. Maiden name Martha Knowles
15. Birthplace Md
16. Informant Charles Wright
Address Mardela R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 6 - 1939 (month) (day) (year)
Cemetery or ~~crematory~~ Mardela
Location Md.
18. Funeral director W. D. Travenor & Bro
Address Sharptown
19. Oct 5 1939 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 4 1939, at 4:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1937 to Oct. 4 1939, and that I last saw her alive on Oct. 2 1939.
Immediate cause of death Myocarditis
Due to —
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due ~~to~~ external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? Delmar (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. E. Leater MD M. D. or other
Address Delmar Del Date signed Oct 5 '39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1939
BUREAU V. S.

10442

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (178)

CERTIFICATE OF DEATH

Reg. Dist. No. H 336

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.F.D. Delmar Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1807 N. Division
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Zimmerman

3. (b) Social Security Number 231-05-2020

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 16 1912

8. AGE: Years 26 Months 11 Days 29 If less than one day hrs. min.

9. Birthplace Wanestoro Virginia (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Dupont's Seafood Dep
FATHER 12. Name (unknown) Zimmerman
13. Birthplace Wanestoro Va.
MOTHER 14. Maiden name Lula Zimmerman
15. Birthplace Wanestoro Virginia
16. Informant Raymond Zimmerman
Address 1807 N. Div. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 18-39 (month) (day) (year)
Cemetery or crematory Wanestoro Am
Location Wanestoro Virginia
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19. Oct. 16 1939 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 1939, at ? M
21. I CERTIFY that death occurred on the date above stated, that I attended deceased from medical certificate, to 19
and that I last saw h alive on 19

Immediate cause of death Carbon monoxide poisoning (accidental)
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION Oct 15, 1939

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide accidental Date of 10-15-39
Where did injury occur? Delmar (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?) Tourist Cabin
Means of injury Gas burner left on unlit Injured at work? no

23. SIGNATURE L. A. Rademaker M.D. Deputy Med Examiner M. D. or other
Address Salisbury Md Date signed 10/16/39

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 24 1939
U. S.